

# **“Healthy” Retirement Package**

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# Agenda

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- Understand the term “Healthy” Retirement Package and what a “Healthy” Retirement Package consists of
- Identify the elements required for a retirement package
- Identify retirement package errors that can hinder an employee’s retirement

# What is a “Healthy” Retirement Application Package?

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The Office of Personnel Management (OPM) defines a “Healthy” Retirement as:

A complete and accurate package that does not have to be developed for missing, inaccurate or discrepant information.

# Introduction to a “Healthy” Retirement Package

Retirement is one of the most important career events for a Federal employee and processing a Retirement Application is one of the most important tasks an Agency’s Human Resource Office (HRO) will complete.

In completing this task, the Agency HRO will:

- Provide guidance to an employee throughout the retirement application process
- Review the personnel folder for completeness
- Confirm the retirement eligibility date
- Confirm eligibility to continue insurance coverage into retirement
- Provide the employee with an annuity estimate
- Advise employee regarding designation of beneficiary forms

# CSRS Retirement Application SF-2801

## Standard Form 2801

- Used by current CSRS Federal employees seeking to retire on an immediate annuity
- Not used for deferred or postponed annuity
- Used for a disability annuity
- [www.opm.gov/forms/standard-forms/](http://www.opm.gov/forms/standard-forms/)

## Sections & Schedules

- **Immediate Application for Retirement**
- **Section A**-Identifying Information
- **Section B**-Federal Service
- **Section C**-Other Claim Information
- **Section D**-Insurance Information
- **Section E**-Marital Information
- **Section F**-Annuity Election
- **Section G**-Information About Children
- **Section H**-Direct Deposit & Tax Withholding
- **Section I**-Applicant's Certification
- **Schedule A**-Military Service
- **Schedule B**-Military Retired Pay
- **Schedule C**-Federal Employee's Compensation
- **Certified Summary of Service**
- **Spouse's Consent to Survivor Election**
- **Schedule D**-Agency Checklist

# FERS Retirement Application SF-3107

## Standard Form 3107

- Used by current FERS Federal employees seeking to retire on an immediate annuity
- Not used for deferred or postponed annuity
- Used for a disability annuity
- [www.opm.gov/forms/standard-forms/](http://www.opm.gov/forms/standard-forms/)

## Sections & Schedules

- **Immediate Application for Retirement**
- **Section A**-Identifying Information
- **Section B**-Federal Service
- **Section C**-Marital Information
- **Section D**-Annuity Election
- **Section E**-Insurance Information
- **Section F**-Other Claim Information
- **Section G**-Information About Children
- **Section H**-Payment Instructions
- **Section I**-Applicant's Certification
- **Schedule A**-Military Service
- **Schedule B**-Military Retired Pay
- **Schedule C**-Federal Employee's Compensation
- **Certified Summary of Service**
- **Spouse's Consent to Survivor Election**
- **Schedule D**-Agency Checklist

# Retirement Application – General Steps

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1. Review submitted Retirement Application for completeness
2. Record service history and gather all of the health insurance, life insurance and Designation of Beneficiary forms (with the exception of the SF 1152 Unpaid Compensation)
3. Certify and transfer coverage under the Federal Employees' Group Life Insurance program to OPM
4. Transfer employee's enrollment under the Federal Employees Health Benefits program to OPM
5. Calculate a final retirement estimate
6. Prepare the Certified Summary of Federal Service along with additional agency forms to include the SF-2819 and SF-2821
7. Prepare and process the Standard Form 52, Request for Personnel Action
8. Send the completed retirement package to the servicing payroll office

# Retirement Application –Transfer FEHB Enrollment

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## Steps to Complete:

- Document the employee's health benefits status on the retirement application
  - SF-2801, Section A, item 6 of the Agency Checklist
  - SF-3107, Section A, item 7 of the Agency Checklist
- Note the employee's plan enrollment code in the Remarks section of the IRR
  - SF-2806 for CSRS
  - SF-3100 for FERS
- Submit all SF 2810 forms
- Submit all SF 2809 forms or other enrollment requests, with any attached medical certificates or other documentation



# Retirement Application –Transfer FEGLI Enrollment

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## Steps to Complete:

- Submit all OPF copies (original, signed versions) of SF-2817, SF-176, and SF-176T
- Submit a SF-2818 when employee is eligible for coverage in retirement
  - If employee is not eligible, give employee SF-2819\*
- Submit original copies of all SF-2823s and SF-54s on file
- Submit a SF-2821 for all cases when the employee has FEGLI coverage
  - Retirement date and final salary must match the SF-2806/3100
  - Coverage must match the most recent SF-2817 and/or SF-50
  - Box 5 must be completed

*(if SF-2823 is indicated, it must be attached)*

# Verifying Service

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## Primary Source

Original documents verifying the employment of an individual include:

- Individual Retirement Record (IRR)
- SF50, Notification of Personnel Action
- Payroll Records (last resort)
- DD214, Member 4 Copy

## Secondary Source

Acceptable only if it is established that official government records are incomplete or have been lost or destroyed in whole or in part:

Examples of secondary source documents include:

- Notices of appointment or separation, and
- Notices of changes in position, salary, organization, or headquarters to name a few

# Verifying Prior Covered Service

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- OPM will verify prior service to determine any withheld contributions
- Employee/Agency should provide to OPM dates of service, prior agency, and position title via fax or letter
- OPM will complete verification upon receipt of employee's retirement application and records
- This type of request will cause a delay in processing

U.S. Office of Personnel Management  
Federal Employees Retirement System  
P.O. Box 45  
Boyers, PA 16017-0045

1-888-767-6738 or 1-202-606-0500,  
FAX 724-794-6633

[www.servicesonline.opm.gov](http://www.servicesonline.opm.gov)

# Retirement Package Errors

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- Retirement package errors happen
- These errors halt the process for packages received by
  - Payroll
  - ...or even to OPM
- **Important:** HR Specialists' awareness of what are the most common errors
- Errors identified at the agency level prior to mailing the retirement packages eliminates:
  - Payroll processing
  - OPM placing the annuitant in an "Interim Pay Status"
  - OPM adjudication
  - Unnecessary stress to the annuitant

# Retirement Package Errors *(cont.)*

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The following indicates some of the most common retirement errors that are often found or documents that are missing or incomplete from the retirement package:

- Name, SSN or DOB don't match documents in the package
- The Agency Checklist for Immediate Retirement Procedures (Schedule D) incomplete or missing
- FEHB documentations not submitted, cancelled or suspended
- FEHB code on documentation is incorrect
- Documentation of Life Insurance waived, cancelled, not signed and not reflected
- Annuitant did make a survivor election on his/her application
- Spousal information/Marriage License not included in package; if married
- Proof of Common Law Marriage is not included
- Spousal Consent to Survival Election was not signed or notarized
- DD214, showing proof of military service, is missing

# Required Forms

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## Required forms to submit to Office of Personnel Management

- Application for Immediate Retirement- SF2801/ SF3107
  - Schedules A, B, C SF2801/ SF3107
  - Spouse's Consent to Survivor Election SF2801-2/SF 3107-2
- Continuation of Life Insurance- SF2818
- W-4P
- DD-214
- Marriage Certificate
- FEGLI Beneficiary Form- SF 2823 (if not on file)
- FERS/ CSRS Beneficiary Form (if not on file)

# Application for Immediate Retirement SF-3107

Initials  
required  
regardless  
of marital  
status



 <b>Application for Immediate Retirement</b> Federal Employees Retirement System		See Privacy Act Information on Instruction Sheet
<b>Section A - Identifying Information</b>		
1. Name (last, first, middle)		2. List all other names you have used
3. Address (number, street, city, state, ZIP code)	4a. Daytime telephone # after retirement (including area code)	4b. Best time to reach you
	4c. Home email address	4d. FAX Number
	5. Date of birth (mm/dd/yyyy)	6. Social Security Number
7. Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Is this an application for disability retirement? <input type="checkbox"/> Yes (Ask your employing office about other documents you must submit) <input type="checkbox"/> No
<b>Section B - Federal Service</b>		
1. Department or agency from which you are retiring (include bureau or division, address and ZIP code)		2. Date of final separation (mm/dd/yyyy)
		3. Title of position from which you are retiring
		3a. Your pay plan and occupational series
4. Have you performed active honorable service in the Armed Forces or other uniformed services of the United States (see instructions for definitions)? <input type="checkbox"/> Yes (Complete Schedule A and attach it to this form) <input type="checkbox"/> No		
5. Are you receiving or have you applied for military retired pay? (Note: If you later become entitled to military retired pay you must notify CFM.) <input type="checkbox"/> Yes (Complete Schedule B and attach it to this form) <input type="checkbox"/> No		
<b>Section C - Marital Information (All applicants must complete questions 1 and 2 below.)</b>		
1. Are you married now? (A marriage exists until ended by death, divorce, or annulment.) <input type="checkbox"/> Yes (Complete items 1a - 1f and attach a copy of your marriage certificate) <input type="checkbox"/> No (Go to item 2)		
1a. Spouse's name (last, first, middle)	1b. Spouse's date of birth (mm/dd/yyyy)	1c. Spouse's Social Security Number
1d. Place of marriage (city, state)	1e. Date of marriage (mm/dd/yyyy)	1f. Marriage performed by: <input type="checkbox"/> Clergyman or Justice of Peace <input type="checkbox"/> Other (explain):
2. Do you have a living former spouse(s) to whom a court order gives a survivor annuity or a portion of your retirement benefits based on your Federal employment? <input type="checkbox"/> Yes (Attach a certified copy of the court order(s) and any amendments.) <input type="checkbox"/> No		
<b>Section D - Annuity Election</b>		
<p>Make your election by initialing the box beside the type of annuity you want to receive and give any other information requested. Read the pamphlet SF 3113, <i>Applying for Immediate Retirement under FERS</i> and the explanations below and consider your election carefully. No change will be permitted after your annuity is granted except as explained in the pamphlet. If you are married at retirement, the law provides an annuity with full survivor benefits for your spouse unless your spouse consents to your election not to provide maximum survivor benefits.</p> <p>Your election to provide a survivor annuity for a current spouse terminates upon the death of that spouse or if the marriage ends due to divorce or annulment. You are required to make a new election (re-elect) within 2 years of the terminating event if you wish to reelect a survivor annuity for a former spouse or within 2 years of a post-retirement marriage to elect a survivor annuity for a spouse acquired after retirement. Continuing a survivor reduction by itself, is not effective to reelect a survivor annuity for a spouse married after retirement or for a former spouse.</p> <p>If you want to elect a partial survivor annuity for your current spouse and a survivor benefit for a former spouse, you should complete options 2 and 5 below. The total of the survivor annuities elected cannot exceed 50 percent. An election of an insurable interest survivor in option 4 is not included when determining the 50 percent maximum.</p>		
1. <input type="checkbox"/> Initials	I choose a reduced annuity with maximum survivor annuity for my spouse named in Section C. If you are married at retirement, you will receive this type of annuity unless your spouse consents to your election not to provide maximum survivor benefits. If you receive this annuity, your annuity will be reduced by 10%. Your spouse's annuity upon your death will be 50% of your unreduced earned annuity.	
2. <input type="checkbox"/> Initials	I choose a reduced annuity with a partial survivor annuity for my spouse named in Section C. If you choose this option, your annuity will be reduced by 5%. Upon your death, your spouse's annuity will be 25% of your unreduced earned annuity. You must have your spouse's consent to choose this option. Complete form SF 3107-2, <i>Spouse's Consent to Survivor Election</i> , and attach it to your application.	
3. <input type="checkbox"/> Initials	I choose an annuity payable only during my lifetime. If you are married at retirement, you cannot choose this type of annuity without your spouse's consent. No survivor annuity will be paid to your spouse after your death if he or she consents to this election and any health benefits will cease. In addition, your spouse will not be eligible to enroll in the Federal Long Term Care Insurance Program, if he/she is not enrolled at the time of your death. If you are married and elect this, complete form SF 3107-2, <i>Spouse's Consent to Survivor Election</i> , and attach it to your application.	
<small>CSRS/FERS Handbook for Personnel and Payroll Offices      3107-108      Previous editions are not usable.      Standard Form 3107      Revised May 2014</small>		

# Application for Immediate Retirement SF-3107

List  
dependent  
children to  
include  
those  
incapable of  
self support



4. <b>Initials:</b>		<i>I choose a reduced annuity with survivor annuity for the person named below who has an insurable interest in me. You must be healthy and willing to provide medical evidence if you choose this type of annuity. (Disability annuitants are not eligible to choose this type of annuity.) If you are married and elect this option for your spouse, complete SF 3107-2, Spouse's Consent to Survivor Election and attach it to your application.</i>			
Name of person with insurable interest	Relationship to you	Date of birth (mm/dd/yyyy)	Social Security Number		
5. <b>Initials:</b>		<i>I choose a reduced annuity with survivor annuity for my former spouse(s) as follows: You must attach: (1) Copies of divorce decrees for all former spouses for whom you elect to provide a survivor annuity. (2) If you are married, attach a completed SF 3107-2, Spouse's Consent to Survivor Election. You cannot choose this option and provide a maximum survivor annuity for your spouse (Box 1). Your election to provide a survivor annuity for a former spouse terminates upon the death of that spouse or the remarriage of your former spouse before age 55.</i>			
Name and address of former spouse	Date of marriage (mm/dd/yyyy)	Date of divorce (mm/dd/yyyy)	Survivor annuity equal to _____ % of my annuity		
	Date of birth (mm/dd/yyyy)	Social Security Number			
Name and address of former spouse	Date of marriage (mm/dd/yyyy)	Date of divorce (mm/dd/yyyy)	Survivor annuity equal to _____ % of my annuity		
	Date of birth (mm/dd/yyyy)	Social Security Number			
Total (either 25% or 50% of your unreduced annuity) $\rightarrow$ 48% _____ %					
<b>Section E - Insurance Information</b> See the pamphlet SF 3113, Applying for Immediate Retirement Under the Federal Employees Retirement System, for information.					
1a. Are you eligible to continue Federal Employees Health Benefits coverage as a retiree?		1b. Is there a court order or administrative order currently in effect that requires you to provide health benefits coverage for your child(ren)?			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes (Attach a copy of the court/administrative order) <input type="checkbox"/> No			
2. Are you eligible to continue Federal Employer's Group Life Insurance coverage as a retiree?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
3. Are you enrolled in the Federal Dental and Vision Insurance Program (FEDVIP)?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Your coverage will automatically continue into retirement as long as you continue to pay applicable premiums. Until work on your annuity is completed, you may receive bills from BENEFEDS. You must pay these bills in order to keep your FEDVIP coverage. After work on your annuity is completed, BENEFEDS will automatically begin deducting from your annuity to pay future premiums. If you have questions, please contact BENEFEDS at 1-877-888-3337.</i>					
<input type="checkbox"/> No <i>If you retire on an immediate annuity, you can enroll in FEDVIP during any Federal Benefits Open Season.</i>					
4. Are you currently enrolled in the Federal Long Term Care Insurance Program (FLTCIP)?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>You will automatically continue your coverage into retirement, as long as you continue to pay applicable premiums. If you are currently paying FLTCIP premiums by agency payroll deduction, you must arrange to pay premiums another way, either by deductions from your annuity, through automatic bank debit or direct bill. Please call LTC Partners at 1-800-LTC-FRDS (1-800-582-5337) to make these arrangements.</i>					
<b>Section F - Other Claim Information</b>					
1. Have you applied for, are you receiving, or have you ever received workers' compensation from the Department of Labor because of a job-related illness or injury?					
<input type="checkbox"/> Yes (Complete Schedule C and attach it to this form) <input type="checkbox"/> No					
2. Have you previously filed any application under the Civil Service Retirement System or Federal Employees Retirement System (for retirement, refund, deposit or redeposit, or voluntary contributions)?					
<input type="checkbox"/> Yes (Complete items 2a and 2b below.) <input type="checkbox"/> No					
2a. Type of application		2b. Claim number(s)			
<input type="checkbox"/> Refund <input type="checkbox"/> Deposit or redeposit					
<input type="checkbox"/> Retirement <input type="checkbox"/> Voluntary contributions					
<b>Section G (Optional) - Information About Your Unmarried Dependent Children</b>					
1. Dependent child's name (first, middle, last)	2. Date of birth (mm/dd/yyyy)	3. Disabled (✓)	1. Dependent child's name (first, middle, last)	2. Date of birth (mm/dd/yyyy)	3. Disabled (✓)

CURS/FERS Handbook for Personnel and Payroll Offices

3107-107 Previous editions are not usable.

Standard Form 3107 Revised May 2014



# Application for Immediate Retirement SF-3107

Ensure  
banking  
info is  
complete  
and legible



**Section H - Payment Instructions**

1. Federal benefits payments will be made electronically by Direct Deposit into a savings or checking account or by a Direct Express debit card provided by the Department of the Treasury. See the instructions for Section H of this application and SF 3113 (Applying for Immediate Retirement Under the Federal Employees Retirement System) for additional information. This does not apply to you if your permanent payment address is outside the United States in a country not accessible via direct deposit.

Please select one of the following:

☐ Please send my annuity payments directly to my checking or savings account. (Go to item 2)

☐ Please send my annuity payments to my Direct Express debit card. (Go to item 3a)

☐ My permanent payment address is outside the United States in a country not accessible via Direct Deposit/Direct Express. (Go to item 3a)

2a. Financial Institution Routing Number *You may obtain this number by calling your bank, credit union, or savings institution. This number is very important. We cannot pay by direct deposit without it.*

2b. Checking or Savings Account Number

2c. What kind of account is this?  
☐ Checking ☐ Savings

2d. Telephone number of your Financial Institution (including area code)

2e. Name and address of Financial Institution

**Special Note:** If you prefer, you may attach a cancelled personal check that shows the information requested above, instead of filling in the requested financial institution information. If you attach your personal check, it is especially important that you contact your bank, credit union, or savings institution to confirm that the information on the check is the correct information for direct deposit. (Some institutions, especially credit unions, use different routing numbers on checks.) We can then use this information to start paying you by direct deposit.

3a. Do you want Federal income tax withheld from your annuity payments?  
☐ Yes (Go to item 3b) ☐ No (Go to Section I)

3b. Do you want to have Federal Income Tax withheld at the rate currently being withheld from your salary?  
☐ Yes (Attach copy of W-4 form on file with your employing agency.)  
☐ No (Attach new W-4 form, otherwise withholding will be at rate for married with 3 exemptions.)

**Section I - Applicant's Certification**

**Warning**  
Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

I hereby certify that all statements made in this application are true to the best of my knowledge and belief.

Signature (Do not print) \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

**Applicant's Checklist**

This checklist is provided to help you be certain you have attached all necessary documentation and to help your employing office be certain it forwards all of your retirement documentation to the Office of Personnel Management.

	Yes	No	Not Applicable
1. <b>Military Service</b> - If you answered "yes" to Section B, item 4, did you attach Schedule A?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Military Service</b> - If you completed Schedule A, did you attach a copy of your discharge certificate or other certificate of active military service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Military Retired Pay</b> - If you answered "yes" to Section B, item 5, did you attach Schedule B?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Military Retired Pay</b> - If you completed Schedule B and answered "yes" to item b or c, did you attach a copy of the notice of award or other documentation of the type of military retired pay you are receiving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>Military Retired Pay</b> - If you completed Schedule B and answered "yes" to item d, did you attach a copy of your request for waiver and a copy of the military finance officer's acknowledgment or approval of your request for waiver (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <b>Survivor Election</b> - If you are married and did not initial box 1 of Section D, did you attach SF 3107-2, Spouse's Consent to Survivor Election?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. <b>Life Insurance</b> - If you answered "yes" to Section E, item 2, did you attach SF 2818, Continuation of Life Insurance Coverage As an Annuant or Compensation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. <b>OWCP</b> - If you answered "yes" to Section F, item 1, did you attach Schedule C?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. <b>Tax</b> - If you want to elect a Federal Income Tax withholding rate, did you attach a W-4 form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. <b>Court or Administrative Order(s)</b> - If you answered "yes" to Section C, item 2 and/or "yes" to Section E, item 1b, did you attach a copy of the order(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CSRS/STERS Handbook for Personnel and Payroll Offices

3107-108  
Previous editions are not usable.

Standard Form 3107  
Revised May 2014

Applicant's  
signature  
located in center  
of page



# Schedule ABC SF-3107

List all military service regardless if post 56 deposit was made

Applicant's signature


Schedules A, B and C			
1. Name (last, first, middle)	2. Date of birth (mm/dd/yyyy)	3. Social Security Number	
<b>Schedule A - Military Service Information</b>			
1. If you have performed active honorable service in the United States Armed Services or other uniformed services, complete 1a - d below and attach a copy of your discharge certificate or other certificate of active military service (if available). See instructions for definitions of Armed Services and Uniformed Services.			
a. Branch of service	b. Serial number	c. Dates of active duty From (mm/dd/yyyy) To (mm/dd/yyyy)	d. Last grade or rank
2. If any of your military service occurred on or after January 1, 1957, have you paid a deposit to your agency for this service? (You must pay this deposit to your agency. You cannot pay OPM after you retire.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Schedule B - Military Retired Pay</b>			
1. If you are receiving or have applied for military retired or retiree pay (including disability or retired pay), complete Parts 1a - 1d below.			
a. Are you receiving or have you ever applied for military retired or retiree pay? (Answer "yes" if you are receiving payments from the Department of Veterans Affairs instead of military retired pay.) <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Was your military retired or retiree pay awarded for reserve service under Chapter 1223, title 10, U.S. Code (formerly Chapter 67, title 10)? <input type="checkbox"/> Yes (Attach a copy of notice of award) <input type="checkbox"/> No		
c. Was your military retired pay or retiree pay awarded for a disability incurred in combat or caused by an instrumentality of war and incurred in the line of duty during a period of war? <input type="checkbox"/> Yes (Attach a copy of notice of award) <input type="checkbox"/> No	d. Are you waiving your military retired or retiree pay in order to receive credit for military service for FERS retirement benefits? <input type="checkbox"/> Yes (Attach a copy of your request for waiver and a copy of military finance officer's acknowledgment or approval of your request for waiver) <input type="checkbox"/> No		
<b>Schedule C - Federal Employees Compensation Information</b>			
1. Are you receiving or have you ever received workers' compensation from the Office of Workers' Compensation Programs (OWCP), Department of Labor, because of a job-related illness or injury? <input type="checkbox"/> Yes (complete parts 1a - c below) <input type="checkbox"/> No (go to question 2)			
a. Compensation claim number	b. Benefit received From (mm/dd/yyyy) To (mm/dd/yyyy)	c. Type of benefit <input type="checkbox"/> Scheduled award <input type="checkbox"/> Other <input type="checkbox"/> Total or partial disability compensation <input type="checkbox"/> Scheduled award <input type="checkbox"/> Other <input type="checkbox"/> Total or partial disability compensation	
2. If you have applied for workers' compensation (other than as listed in item 1a above) but are not receiving benefits, check reason below and give the information requested.			
a. Awaiting OWCP decision Compensation claim number		b. Claim denied Compensation claim number Date claim denied (mm/dd/yyyy)	
3. Except for scheduled compensation awards, workers' compensation and FERS retirement benefits cannot be paid for the same period of time. Please complete the information below regarding your claim. You must complete this section.			
a. Do you agree to notify us promptly if the status of your workers' compensation claim changes? <input type="checkbox"/> Yes <input type="checkbox"/> No			
b. Do you authorize the Office of Personnel Management and/or the Office of Workers' Compensation Programs (OWCP) to collect any overpayment if we later find you are not eligible for both compensation and annuity payments covering the same period of time? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Applicant's Certification</b>			
I certify that all statements made on these schedules are true to the best of my knowledge and belief.		Signature (do not print)	Date (mm/dd/yyyy)

CSRS/FERS Handbook for Personnel and Payroll Offices

3107-108  
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Standard Form 3107  
Revised May 2014

# Certified Summary of Federal Service SF-3107-1



**FERS**  
Federal Employees Retirement System

**Certified Summary of Federal Service**  
*Federal Employees Retirement System*

Office of Personnel Management  
5 CFR Part 841

**Information for the Agency**

- A certified copy of this form must accompany the employee's Application for Immediate Retirement (SF 3107).
- This form may also be used:
  - for retirement counseling purposes
  - to respond to an employee's request for a record of creditable service
- See the CSRS and FERS Handbook for Personnel and Payroll Offices for detailed instructions for completion and disposition of this form.

**Instructions for the Employee**

- Your employing office will complete and certify this form for you.
- Review this form carefully. Be sure it contains all of your service.
- Complete Section E, Employee's Certification, and return the form to your employing office.

**Section A - Identification**

1. Name of employee (last, first, middle)	2. Date of birth (mm/dd/yyyy)	3. Social Security Number
4. List all other names used (maiden name, AKA, spelling variants)	5. Other birth dates used	6. Military serial number
7. Service computation date for retirement purposes		
8a. Did this employee elect to transfer to FERS? <input type="checkbox"/> No <input type="checkbox"/> Yes, give effective date of election: _____		
8b. If the employee elected to transfer to FERS, is the employee entitled, according to your records, to have part of the FERS annuity computed under CSRS rules? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9a. Does the applicant receive military retired pay? <input type="checkbox"/> Yes (Attach a copy of the applicant's military retired pay order, if available, and complete 9b.) <input type="checkbox"/> No		
9b. If yes, has the applicant waived military retired pay to credit military service for FERS retirement? <input type="checkbox"/> Yes (Attach a copy of the military finance center's letter to the employee accepting waiver, if available.) <input type="checkbox"/> No (Include cases where a waiver is not necessary.)		

**Section B - Verified Service History Documented in Official Personnel Records**

Federal agency or military service branch	Appointment, separation, or conversion dates for civilian and active honorable military service		Name of retirement system*	Remarks and non-creditable time**
	From (mm/dd/yyyy)	To (mm/dd/yyyy)		

\* Give details of creditable civilian service not subject to retirement deductions in Section C.

\*\*In Remarks, show if CSRS service on or after January 1, 1984, is "regular" CSRS or CSRS Offset. Indicate if service is part-time. If service was performed on a WAE or intermittent basis, show the number of days worked in "Remarks." If the number of days worked is not available, then show the number of hours worked.

CSRS/FERS Handbook for Personnel and Payroll Offices

3107-108  
Previous editions are not usable.

Standard Form 3107-1  
Revised May 2014

**HR representatives must complete a full service history listing all creditable and non creditable service**





# Spouse's Consent to Survivor Election

Election on  
Part 1 must  
match  
Section D of  
the SF-3107

Spouse's  
Consent to  
Survivor  
Election must  
be signed by  
spouse and  
notary.

Spouse's Consent to Survivor Election		
<b>Instructions:</b> If you are married and you do not elect a reduced annuity to provide a maximum survivor annuity for your current spouse, complete Part 1. Have your spouse complete Part 2. Part 2 must be completed in the presence of a Notary Public or other person authorized to administer oaths. The person administering oaths must complete Part 3.		
<b>Part 1 - To Be Completed by the Retiring Employee</b>		
Name (last, first, middle)	Date of birth (mm/dd/yyyy)	Social Security Number
I have elected: (Mark the box(es) which describes the survivor election(s) you have made. More than one box may be marked.)		
<input type="checkbox"/> a. No regular or insurable interest survivor annuity for my current spouse. I understand that: <ul style="list-style-type: none"><li>No survivor annuity will be paid to my spouse after my death.</li><li>His/her health benefits coverage will terminate upon my death, and</li><li>He/she will not be eligible to enroll in the Federal Long Term Care Insurance Program (FLTCIP) after my death.</li></ul>		
<input type="checkbox"/> b. An insurable interest annuity for my current spouse, but no regular survivor annuity for my current spouse. (I have completed Section D, item 4 on my Standard Form 3107 naming my current spouse.)		
<input type="checkbox"/> c. A partial survivor annuity (25%) for my current spouse.		
<input type="checkbox"/> d. A maximum survivor annuity for my former spouse _____ (name of former spouse).		
<input type="checkbox"/> e. A partial survivor annuity for my former spouse _____ (name of former spouse) equal to 25% of my annuity.		
<input type="checkbox"/> f. A partial survivor annuity for my former spouse _____ (name of former spouse) equal to 25% of my annuity.		
<b>Part 2 - To Be Completed by the Current Spouse of the Retiring Employee</b>		
I freely consent to the survivor annuity election described in Part 1. I understand that if my spouse elected no regular or insurable interest survivor annuity in Part 1.a. above, I will not receive a survivor annuity, my health benefits coverage will terminate and I will not be eligible to enroll in the Federal Long Term Care Insurance Program (FLTCIP) if I am not already enrolled before my spouse's death. I also understand that my consent is final (not revocable).		
Name (type or print)	Signature (do not print)	Date (mm/dd/yyyy)
<b>Part 3 - To Be Completed by a Notary Public or Other Person Authorized to Administer Oaths</b>		
I certify that the person named in Part 2 presented identification (or was known) to me, gave consent, signed or marked this form and acknowledged that the consent was freely given in my presence on this		
the _____ day of _____ (Month) _____ (Year) at _____ (City and State)		
(Seal of Notary Public or witnessing authority of person authorized to administer oaths)	Signature (do not print)	
(Seal)	Expiration date (mm/dd/yyyy) of commission, if Notary Public	
<b>General Information:</b> The law requires that a retiring, married employee must elect to provide a survivor annuity for a current spouse. <i>Unless</i> the current spouse consents to an election not to provide the maximum survivor benefit.		
<b>Important:</b> If the current spouse consents to an election to provide no survivor annuity or a partial survivor annuity and is later divorced from the retired employee, the retired employee may not then elect (nor can OPM honor a court order) to provide a former spouse annuity which exceeds the amount elected at retirement for that spouse. This also applies if the parties remarry.		
<b>A court order which requires a retiring employee to provide a survivor annuity for a former spouse is not an election and spousal consent is not required. In other words, such a court order does not require a current spouse to waive the right to a survivor annuity for the current spouse even though the Office of Personnel Management (OPM) must honor the terms of the court order before it can honor the election for the current spouse.</b>		
<b>Privacy Act Statement</b>		
Solicitation of this information is authorized by the Federal Employees Retirement law, (Chapter 84, title 5, U.S. Code), the Federal Employees Group Life Insurance law (Chapter 87, title 5, U.S. Code) and the Federal Employees Health Benefits law (Chapter 89, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application for Federal benefits, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a unique identifiable claim file. The information may be shared and is subject to verification via paper, electronic media, or through the use of computer matching programs with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary for determination or continuation of benefits under this program, or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number. The Government may use your number in collecting and reporting annuities that you owe the Government. Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the retirement application.		

**SIGNATURES and  
DATES MUST  
MATCH!**



# Agency Checklist of Immediate Retirement Procedures SF-3107-D



## Agency Checklist of Immediate Retirement Procedures Federal Employees Retirement System

### Section A - Employing Office Checklist: To be completed by office maintaining Official Personnel Folder (OPF).

1. Name (last, first, middle)	2. Date of birth (mm/dd/yyyy)	3. Social Security Number
4. Type of retirement <input type="checkbox"/> Immediate Voluntary (MRA+30, 60+20, 62+5) <input type="checkbox"/> Immediate Voluntary (MRA+10 with age reduction) <input type="checkbox"/> Early Retirement (Major RIF, reorganization, or transfer of function) <input type="checkbox"/> Involuntary Retirement <input type="checkbox"/> Disability	5. Special provisions (Check any applicable) <input type="checkbox"/> 25 Years Law Enforcement/Firefighter <input type="checkbox"/> 20 Years Law Enforcement/Firefighter and age 50 <input type="checkbox"/> 25 Years Air Traffic Controller <input type="checkbox"/> 20 Years Air Traffic Controller and age 50 <input type="checkbox"/> Other:	6. Pay Plan and Occupational Series Code at Retirement
7. Is the applicant eligible to continue health benefits coverage into retirement? <input type="checkbox"/> Yes, enrollment code: <input type="checkbox"/> No, give reason:		
8. Does the applicant meet the requirements for the continuation of life insurance into retirement? <input type="checkbox"/> Yes, complete 8a. <input type="checkbox"/> No, give reason:		
8a. The applicant can continue Basic Life Insurance and the following options: <input type="checkbox"/> No optional insurance <input type="checkbox"/> Option A - Standard <input type="checkbox"/> Option B - Additional with the following multiples of pay: <input type="checkbox"/> Option C - Family with the following multiples of pay: 1 2 3 4 5      1 2 3 4 5		
9. Are the following documents attached or actions taken? Indicate by an "X" for each item.		
a. SF 3107*	<input type="checkbox"/>	Attached      Not Applicable
b. All documents applicant shows as attached to SF 3107	<input type="checkbox"/>	
c. If applicant is married and elects less than the maximum survivor benefit, SF 3107-2*	<input type="checkbox"/>	
d. SF 3107-1*	<input type="checkbox"/>	
e. If discontinued service retirement, documentation specified in Chapter 44, CSRS/FERS Handbook for Personnel and Payroll Offices, including OPM Form 1510* and attachments, if available.	<input type="checkbox"/>	
f. If early optional retirement, enter OPM Authority Number here	<input type="checkbox"/>	
g. Agency estimate of benefits, if prepared	<input type="checkbox"/>	
h. If applicant has military service, DD 214 or its equivalent, if available	<input type="checkbox"/>	
i. If applicant wants to waive military retired pay, copy of waiver request and response from Military Retired Pay Center, if available	<input type="checkbox"/>	
j. If applicant served in the military, or applied for military retired pay or DOVA benefits in lieu of military retired pay, or applied for OWCP benefits, Schedules A, B, C of SF 3107.	<input type="checkbox"/>	
k. If applicant wants a refund of military service deposit because he/she does not want to waive military retired pay, SF 3106*	<input type="checkbox"/>	
l. If post-1956 military service deposit is not made, was applicant counseled about the effects of not paying the deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No (See OPM Form 1515*)	<input type="checkbox"/>	
m. If applicant wants Federal Income tax withheld at the same rate as while an employee, copy of W-4 form on file with your agency.	<input type="checkbox"/>	
n. If the annuitant meets the 5-year requirement to continue health benefits into retirement based on previous coverage as a family member under someone else's FEHB plan or prior coverage under the Uniformed Services Health Benefits Program, attach documentation.	<input type="checkbox"/>	
o. If a court order requires the annuitant to provide mandatory self and family FEHB coverage for his/her children under P.L. 106-394, a copy of the court order.	<input type="checkbox"/>	
p. If law enforcement officer/firefighter/air traffic controller/Customs and Border Protection Officer/Nuclear Materials Courier, agency certification of service that makes the applicant eligible for an enhanced annuity benefit.	<input type="checkbox"/>	
q. If employee has applied for compensation benefits, OWCP award, if available	<input type="checkbox"/>	
10. If the type of annuity is not disability, are the following documents attached? (Mark "X" in appropriate column.)		
	Attached	Not Applicable
a. All SF 2809's* in the applicant's OPF	<input type="checkbox"/>	<input type="checkbox"/>
b. All SF 2810's* in the applicant's OPF	<input type="checkbox"/>	<input type="checkbox"/>
c. SF 2821*	<input type="checkbox"/>	<input type="checkbox"/>
d. SF 2818*	<input type="checkbox"/>	<input type="checkbox"/>
e. All SF 54's* & SF 2823's* in the applicant's OPF	<input type="checkbox"/>	<input type="checkbox"/>
f. All SF 2817's*, SF 176's*, SF 176T's*	<input type="checkbox"/>	<input type="checkbox"/>
g. All SF 3102's*	<input type="checkbox"/>	<input type="checkbox"/>
h. RI 76-10*, if applicable	<input type="checkbox"/>	<input type="checkbox"/>
11. If the type of retirement is disability, is the employee's disability documentation specified in SF 3112* attached? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain:		

12. List any documents which are attached, but not listed above:

13. Certification by Chief Personnel Officer or Designee - I certify that the above accurately reflects verified information in official records and that the applicant has sufficient service to support title to an annuity. I further certify that all required documentation in support of this application is attached, accurate and complete.

Signature (do not print) \_\_\_\_\_ Address \_\_\_\_\_

Official Title \_\_\_\_\_

Person to contact for further information \_\_\_\_\_ Submitting Office Number (SON) \_\_\_\_\_

Email address \_\_\_\_\_ Telephone number \_\_\_\_\_ FAX number \_\_\_\_\_

**Offense: Barring Annuity Payments:** Public Law 87-299 prohibits payment of annuity to persons who have committed specified offenses involving the national security of the United States. Employing agencies are responsible for submitting all pertinent information to the Office of Personnel Management, Retirement Services, in any case when this law possibly applies.

**Section B - Payroll Office Checklist:** To be completed by the office maintaining the Individual Retirement Record (SF 3100\* and SF 3100A\*)

**Important:** The SF 3100 or SF 3100A for applicant must be closed out and sent to OPM no later than 30 days after the pay date of the final paycheck.

	Yes	No**
1. Does the SF 3100 or SF 3100A for the applicant named in Section A contain all information necessary to comply with OPM instructions for maintaining the Individual Retirement Record?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is his or her sick leave balance as of retirement shown on SF 3100 or SF 3100A?	<input type="checkbox"/>	<input type="checkbox"/>
3a. Is the applicant someone who elected to transfer to FERS and who is entitled to have a portion of his or her benefits computed under CSRS rules?	<input type="checkbox"/>	<input type="checkbox"/>
3b. If yes, are his or her sick leave balances at the time of transfer and as of retirement shown on SF 3100 or SF 3100A?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is applicant's last day in pay status shown on SF 3100 or SF 3100A?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is applicant's health benefits status posted on SF 3100 or SF 3100A?	<input type="checkbox"/>	<input type="checkbox"/>
6. If this is a preliminary SF 3100 or SF 3100A for disability retirement, is applicant's life insurance status posted?	<input type="checkbox"/>	<input type="checkbox"/>
7. If applicant is continuing life insurance into retirement, is the SF 2821 with Payroll Office certifying signature attached?	<input type="checkbox"/>	<input type="checkbox"/>
8a. Has applicant made a military service deposit with your agency?	<input type="checkbox"/>	<input type="checkbox"/>
8b. If yes, is an SF 3100 or SF 2806* for the deposit attached?	<input type="checkbox"/>	<input type="checkbox"/>
9a. Does the applicant have any part-time service (for an employee who elected to transfer to FERS and is eligible to have a portion of his/her annuity computed under CSRS rules, any part-time service on or after April 7, 1986)?	<input type="checkbox"/>	<input type="checkbox"/>
9b. If yes, is the number of hours in each scheduled tour of duty and the date of each change in tour of duty posted on the SF 3100 or SF 3100A (including changes to full-time and intermittent status)? If the employee worked in excess of his/her scheduled tour of duty, post the actual earnings or hours actually worked at each rate of pay.	<input type="checkbox"/>	<input type="checkbox"/>
10. If the applicant is a postal employee, are postal earnings for non-deduction service shown on SF 3100?	<input type="checkbox"/>	<input type="checkbox"/>
11. Disposition of SF 3100 or SF 3100A: SF 3100 or SF 3100A and Register of Separations and Transfers (SF 3103) are attached***. If SF 3100 or SF 3100A was already forwarded, provide the following: Forwarded to: _____ SF 3103 number _____ Date (mm/dd/yyyy) of SF 3103 _____		

\* See page 3 of 3 for titles of forms referred to above.

\*\* Explain any "No" responses in item 12 on the next page.

\*\*\*Employees who elected to transfer to FERS may have a redesignated SF 2806 instead of, or in addition to SF 3100 or SF 3100A.

CSRS/FERS Handbook for Personnel and Payroll Offices

3107-108  
Previous editions are not usable.

Standard Form 3107 - Schedule D (Page 2 of 3)  
Revised May 2014

3107-108  
Previous editions are not usable.

Standard Form 3107 - Schedule D (Page 1 of 3)  
Revised May 2014


# Continuation of Life Insurance SF-2818

Must have  
basic to  
continue  
optional  
coverage



Applicant's  
signature



 <b>Continuation of Life Insurance Coverage</b> <i>As an Annuitant or Compensation</i> Federal Employees' Group Life Insurance (FEGLI) Program			<b>Important</b> Read instructions on pages 1 - 3 before completing this form.
<b>Identifying Information</b>			
1. Employee's name (last, first, middle)	2. Date of birth (mm/dd/yyyy)	3. Social Security number	
4. Employing department/agency	5. Work location (city, state, ZIP code)	6. Compensation claim number (if applicable)	
<b>Basic Life Insurance</b>			
7. Do you want to have Basic Life insurance in retirement/compensation if you are eligible?			
<input type="checkbox"/> Yes (If yes, complete item 8.)		<input type="checkbox"/> No	
		<input type="checkbox"/> I received a full Living Benefit (skip to Item 9)	
8. What level of Basic do you want in retirement/compensation? Check only one box. If you received a partial Living Benefit, you must check No Reduction.			
<input type="checkbox"/> 75% Reduction		<input type="checkbox"/> 50% Reduction	
		<input type="checkbox"/> No Reduction	
<b>Option A — Standard Optional Insurance</b>			
9. Do you want to have Option A in retirement/compensation if you are eligible? To continue Option A, you must also continue Basic. (Check "yes" only if you currently have as an employee)			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
		<input type="checkbox"/> I don't have Option A.	
<b>Option B — Additional Optional Insurance</b>			
10. Do you want to have Option B in retirement/compensation if you are eligible? To continue Option B, you must also continue Basic. (Check "yes" only if you currently have as an employee)			
<input type="checkbox"/> Yes (If yes, complete item 11.)		<input type="checkbox"/> No	
		<input type="checkbox"/> I don't have Option B.	
11. How many multiples of Option B do you want to have in retirement/compensation? You can elect up to the number of multiples you are eligible to continue in retirement. Put a number on each line to indicate how many multiples you want for NO REDUCTION and FULL REDUCTION. If the number is "zero", "0" should be written on that line. The total of both No and Full Reduction multiples cannot exceed 5. See the instructions.			
<input type="text"/> (number of NO REDUCTION multiples)		<input type="text"/> (number of FULL REDUCTION multiples)	
<b>Option C — Family Optional Insurance</b>			
12. Do you want to have Option C in retirement/compensation if you are eligible? To continue Option C, you must also continue Basic. (Check "yes" only if you currently have as an employee.)			
<input type="checkbox"/> Yes (If yes, complete item 13.)		<input type="checkbox"/> No	
		<input type="checkbox"/> I don't have Option C.	
13. How many multiples of Option C do you want to have in retirement/compensation? You can elect up to the number of multiples you are eligible to continue in retirement. Put a number on each line to indicate how many multiples you want for NO REDUCTION and FULL REDUCTION. If the number is "zero", "0" should be written on that line. The total of both No and Full Reduction multiples cannot exceed 5. See the instructions.			
<input type="text"/> (number of NO REDUCTION multiples)		<input type="text"/> (number of FULL REDUCTION multiples)	
<b>Signature</b>			
14. Signature (Do not print.) Only the insured may sign. Signatures by guardians, conservators, or through a power of attorney are not acceptable.		Date (mm/dd/yyyy)	
<input type="text"/>		<input type="text"/>	

No errors, stray  
marks,  
corrections, or  
white out

# Designation of Beneficiary Form SF-2823

**FEDLI**  
Federal Employees' Group Life Insurance (FEDLI) Program

Form Approved  
OMB No. 3206-0136

Important:  
Read instructions on the  
Back of Part 2 before completing this form.

**Designation of Beneficiary**  
**Federal Employees' Group Life Insurance (FEDLI) Program**  
(DO NOT erase or cross-out. Use a new form.)

**A. Information About the Insured (not the Assignee, if there is one) (type or print)**

Name of Insured (Last, first, middle) \_\_\_\_\_ Date of birth of Insured (mm/dd/yyyy) \_\_\_\_\_ Social Security Number of Insured \_\_\_\_\_

The Insured is: ☐ an employee ☐ a retiree ☐ a compensationee

If the Insured is retired or receiving Federal Employees' Compensation, give CSA, CSI, or OWCP claim number: \_\_\_\_\_

Department or agency where the Insured works (If retired, last department or agency where the Insured worked): \_\_\_\_\_ Bureau or division \_\_\_\_\_ Location (city, state, and ZIP code) \_\_\_\_\_

**B. Information About the Beneficiary or Beneficiaries (See Back of Part 1 for examples) (type or print)**

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated

Total (Must equal 100% or 1.0) (Do not use dollar amounts) \_\_\_\_\_  
(Do not put a Total if you designated types of insurance. See example 4 on Back of Part 1.)

**C. Statement of Insured or Assignee (type or print)**

Your name and address (Including ZIP code) \_\_\_\_\_

Please check one:  
I am: ☐ the Insured ☐ an Assignee

Please check all three:  
☐ I have not assigned the insurance.  
☐ Two people who witnessed my signature signed below.  
☐ I did not name either witness as a beneficiary.

See Back of Part 2 for Definitions

I understand that if there is a valid assignment on file, only the assignee has the right to designate a beneficiary. If a valid assignment is not on file, but there is a valid court order on file with the agency or the U.S. Office of Personnel Management, as appropriate, any designation I complete for the same beneficiary is not valid.

I understand that if this Designation is valid, it will stay in effect unless it is canceled. (See "When Is A Designation Canceled?" on the Back of Part 2.)

I understand that if this Designation is invalid for any reason, the Office of Federal Employees' Group Life Insurance will pay benefits according to the order listed on the Back of Part 2.

I am canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Program and am now designating the beneficiary(ies) named above.

Signature of Insured/Assignee (Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) This form is not valid unless the Insured/Assignee signs in this box. \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

**D. Witnesses To Signature (A witness is not eligible to receive a payment as a beneficiary.)**

Signature of witness \_\_\_\_\_ Address (Including ZIP code) \_\_\_\_\_

Signature of witness \_\_\_\_\_ Address (Including ZIP code) \_\_\_\_\_

**E. For Agency Use Only (or OPM, as appropriate)**

Receiving agency \_\_\_\_\_ Date of receipt (mm/dd/yyyy) \_\_\_\_\_ Signature of authorized official \_\_\_\_\_ Title \_\_\_\_\_

Part 1 - Original

U.S. Office of Personnel Management  
FEDLI Handbook (R) 76-26

Previous editions are not usable.

SF 2823  
Revised May 2014

PRINT SAVE CLEAR

No errors, stray marks, corrections, or white out



# W-4P Federal Tax Withholding

<p><b>Form W-4P</b> Department of the Treasury Internal Revenue Service</p>	<p><b>Withholding Certificate for Pension or Annuity Payments</b></p>	<p>OMB No. 1545-0074 <b>2019</b></p>
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**Future developments.** For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to [www.irs.gov/FormW4P](http://www.irs.gov/FormW4P).

**Purpose.** Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or for payments to U.S. citizens to be delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 2 and 3. Your previously filed Form W-4P will remain in effect if you don't file a Form W-4P for 2019.

**General Instructions**  
Section references are to the Internal Revenue Code.

Follow these instructions to determine the number of withholding allowances you should claim for pension or annuity payment withholding for 2019 and any additional amount of tax to have withheld. Complete the worksheet(s) using the taxable amount of the payments.

If you don't want any federal income tax withheld (see *Purpose*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

**Sign this form.** Form W-4P is not valid unless you sign it.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have more than one pension or annuity, a working spouse, or a large amount of income outside of your pensions. After your Form W-4P takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4P.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple pensions or more than one income.** If you have more than one source of income subject to withholding (such as more than one pension or a pension and a job, or you're married filing jointly and your spouse is working), read all of the instructions, including the instructions for the Multiple Pensions/More-Than-One-Income Worksheet, before beginning.

**Other income.** If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. See Pub. 505, Tax Withholding and Estimated Tax, for more information. Get Form 1040-ES and Pub. 505 at [www.irs.gov/FormsPubs](http://www.irs.gov/FormsPubs). Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 5 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your payments. If you have income from wages, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or Form W-4P.

**Note:** Social security and railroad retirement payments may be includable in income. See Form W-4V, Voluntary Withholding Request, for information on voluntary withholding from these payments.

**Withholding From Pensions and Annuities**  
Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive; (b) whether the payments are to be delivered outside the United States or its possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a Roth IRA are nontaxable and, therefore, not subject to withholding. See page 3 for special withholding rules that apply to payments to be delivered outside the United States and payments to foreign persons.

---

Separate here and give Form W-4P to the payer of your pension or annuity. Keep the worksheet(s) for your records.

<p><b>Form W-4P</b> Department of the Treasury Internal Revenue Service</p>	<p><b>Withholding Certificate for Pension or Annuity Payments</b></p> <p>► For Privacy Act and Paperwork Reduction Act Notice, see page 6.</p>	<p>OMB No. 1545-0074 <b>2019</b></p>
---	--	--

Your first name and middle initial	Last name
Home address (number and street or rural route)	
City or town, state, and ZIP code	

Your social security number	Claim or identification number (if any) of your pension or annuity contract
-----------------------------	---

**Complete the following applicable lines.**

1 Check here if you do not want any federal income tax withheld from your pension or annuity. (Don't complete line 2 or 3.) ☐

2 Total number of allowances and marital status you're claiming for withholding from each **periodic** pension or annuity payment. (You also may designate an additional dollar amount on line 3.) . . . . .

**Marital status:** ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. (Enter number of allowances.)

3 Additional amount, if any, you want withheld from each pension or annuity payment. (**Note:** For periodic payments, you can't enter an amount here without entering the number (including zero) of allowances on line 2.) . . . . . \$

Your signature ► Date ►

Cat. No. 10225T Form **W-4P** (2019)

# Summary

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1

Identified what a “Healthy” Retirement Package is and what this package consist of

2

Identified the documents required for a retirement package

3

Recognized common retirement package errors that HR Specialists need to be aware of

# Questions

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# References

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- CSRS FERS Handbook Chapter 40 Planning and Applying for Retirement
- Benefits Administration Letter 12-103: Submitting “Healthy” Retirement Application Packages
- Office of Personnel Management: Tips for Submitting a Healthy Retirement Application Package. <https://www.opm.gov/retirement-services/benefits-officers-center/webcast-presentations/tips-for-healthy-retirement-applications.pdf>
- Attachment C – Civilian Service Annuitant Document Order for Retirement Package Submissions <https://www.opm.gov/retirement-services/publications-forms/benefits-administration-letters/2012/12-103attachmentc.pdf>